

107TH CONGRESS
1ST SESSION

S. 775

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the medicare program.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2001

Mrs. LINCOLN (for herself and Mr. REID) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Geriatric Care Act of
5 2001”.

1 **SEC. 2. DISREGARD OF CERTAIN GERIATRIC RESIDENTS**
 2 **AGAINST GRADUATE MEDICAL EDUCATION**
 3 **LIMITATIONS.**

4 (a) DIRECT GME.—Section 1886(h)(4)(F) of the So-
 5 cial Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amend-
 6 ed by adding at the end the following new clause:

7 “(iii) INCREASE IN LIMITATION FOR
 8 GERIATRIC FELLOWSHIPS.—For cost re-
 9 porting periods beginning on or after the
 10 date that is 6 months after the date of en-
 11 actment of the Geriatric Care Act of 2001,
 12 in applying the limitations regarding the
 13 total number of full-time equivalent resi-
 14 dents in the field of allopathic or osteo-
 15 pathic medicine under clause (i) for a hos-
 16 pital, the Secretary shall not take into ac-
 17 count a maximum of 3 residents enrolled
 18 in a fellowship in geriatric medicine within
 19 an approved medical residency training
 20 program to the extent that the hospital in-
 21 creases the number of geriatric residents
 22 above the number of such residents for the
 23 hospital’s most recent cost reporting period
 24 ending before the date that is 6 months
 25 after the date of enactment of such Act.”.

1 (b) INDIRECT GME.—Section 1886(d)(5)(B) of the
 2 Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is
 3 amended by adding at the end the following new clause:

4 “(ix) Clause (iii) of subsection (h)(4)(F) shall
 5 apply to clause (v) in the same manner and for the
 6 same period as such clause (iii) applies to clause (i)
 7 of such subsection.”.

8 **SEC. 3. MEDICARE COVERAGE OF CARE COORDINATION**
 9 **AND ASSESSMENT SERVICES.**

10 (a) PART B COVERAGE OF CARE COORDINATION AND
 11 ASSESSMENT SERVICES.—Section 1861(s)(2) of the So-
 12 cial Security Act (42 U.S.C. 1395x(s)(2)), as amended by
 13 section 105(a) of the Medicare, Medicaid, and SCHIP
 14 Benefits Improvement and Protection Act of 2000 (114
 15 Stat. 2763A–471), as enacted into law by section 1(a)(6)
 16 of Public Law 106–554, is amended—

17 (1) in subparagraph (U), by striking “and” at
 18 the end;

19 (2) in subparagraph (V), by inserting “and”
 20 after the semicolon at the end; and

21 (3) by adding at the end the following new sub-
 22 paragraph:

23 “(W) care coordination and assessment services
 24 (as defined in subsection (ww)).”.

1 (b) CARE COORDINATION AND ASSESSMENT SERV-
 2 ICES DEFINED.—Section 1861 of the Social Security Act
 3 (42 U.S.C. 1395x), as amended by section 105(b) of the
 4 Medicare, Medicaid, and SCHIP Benefits Improvement
 5 and Protection Act of 2000 (114 Stat. 2763A–471), as
 6 enacted into law by section 1(a)(6) of Public Law 106–
 7 554), is amended by adding at the end the following new
 8 subsection:

9 “Care Coordination and Assessment Services; Qualified
 10 Frail Elderly or At-Risk Individual; Care Coordinator

11 “(ww)(1) The term ‘care coordination and assess-
 12 ment services’ means services that are furnished to a
 13 qualified frail elderly or at-risk individual (as defined in
 14 paragraph (2)) by a care coordinator (as defined in para-
 15 graph (3)) under a plan of care prescribed by such care
 16 coordinator for the purpose of care coordination and as-
 17 sessment, which may include any of the following services:

18 “(A) An initial and periodic health screening
 19 and assessment.

20 “(B) The management of, and referral for,
 21 medical and other health services, including multi-
 22 disciplinary care conferences and coordination with
 23 other providers.

24 “(C) The monitoring and management of medi-
 25 cations, particularly with respect to the management

1 on behalf of a qualified frail elderly or at-risk indi-
2 vidual of multiple medications prescribed for that in-
3 dividual.

4 “(D) Patient and family caregiver education
5 and counseling services.

6 “(E) Self-management services, including
7 health education and risk appraisal to identify be-
8 havioral risk factors through self-assessment.

9 “(F) Providing access for consultations by tele-
10 phone with physicians and other appropriate health
11 care professionals, including 24-hour availability of
12 such professionals for emergency consultations.

13 “(G) Coordination with the principal nonprofes-
14 sional caregiver in the home.

15 “(H) Managing and facilitating transitions
16 among health care professionals and across settings
17 of care.

18 “(I) Activities that facilitate continuity of care
19 and patient adherence to plans of care.

20 “(J) Such other services for which payment
21 would not otherwise be made under this title as the
22 Secretary determines to be appropriate.

23 “(2) For purposes of this subsection, the term ‘quali-
24 fied frail elderly or at-risk individual’ means an individual
25 who a care coordinator certifies—

1 “(A) is at risk of institutionalization, functional
2 decline, or death because the individual is an
3 individual—

4 “(i) with 2 or more serious and disabling
5 chronic conditions;

6 “(ii) who is unable to carry out 2 or more
7 than activities of daily living (as described in
8 section 7702B(c)(2)(B) of the Internal Revenue
9 Code of 1986) without the assistance of another
10 individual or the use of an assistive device;

11 “(iii) who is cognitively impaired or has se-
12 vere depression;

13 “(iv) who has a poor self-rating of health
14 status, as determined using a survey instrument
15 specified by the Secretary, such as SF 36;

16 “(v) who, because of their physical or men-
17 tal condition, would satisfy the requirements
18 (other than with respect to income and assets)
19 for receiving nursing facility services under the
20 medicaid program in the individual’s State of
21 residence; or

22 “(vi) for whom professional coordination of
23 care and assessment can reasonably be expected
24 to improve outcomes of health care or prevent,
25 delay, or minimize disability progression; or

1 “(B) has a severity of condition that makes the
2 individual frail or disabled (as determined under
3 guidelines approved by the Secretary).

4 “(3)(A) For purposes of this subsection, the term
5 ‘care coordinator’ means an individual or entity that—

6 “(i) is—

7 “(I) a physician (as defined in subsection
8 (r)(1)); or

9 “(II) a practitioner described in section
10 1842(b)(18)(C) or an entity that meets such
11 conditions as the Secretary may specify (which
12 may include physicians, physician group prac-
13 tices, or other health care professionals or enti-
14 ties the Secretary may find appropriate) and
15 that is under the appropriate supervision of a
16 physician;

17 “(ii) has entered into a care coordination agree-
18 ment with the Secretary; and

19 “(iii) meets such other criteria as the Secretary
20 may establish (which may include experience in the
21 provision of care coordination or primary care physi-
22 cians’ services).

23 “(B) For purposes of subparagraph (A)(ii), each care
24 coordination agreement shall—

1 “(i) be entered into for a period of 1 year and
 2 may be renewed if the Secretary is satisfied that the
 3 care coordinator continues to meet the conditions of
 4 participation specified in subparagraph (A);

5 “(ii) assure the compliance of the care coordi-
 6 nator with such data collection and reporting re-
 7 quirements as the Secretary determines necessary to
 8 assess the effect of care coordination on health out-
 9 comes; and

10 “(iii) contain such other terms and conditions
 11 as the Secretary may require.”.

12 (c) PAYMENT AND ELIMINATION OF COINSUR-
 13 ANCE.—

14 (1) IN GENERAL.—Section 1833(a)(1) of the
 15 Social Security Act (42 U.S.C. 1395l(a)(1)), as
 16 amended by section 223(c) of the Medicare, Med-
 17 icaid, and SCHIP Benefits Improvement and Pro-
 18 tection Act of 2000 (114 Stat. 2763A–489), as en-
 19 acted into law by section 1(a)(6) of Public Law 106–
 20 554, is amended—

21 (A) by striking “and (U)” and inserting
 22 “(U)”; and

23 (B) by inserting before the semicolon at
 24 the end the following: “, and (V) with respect
 25 to care coordination and assessment services de-

1 scribed in section 1861(s)(2)(W), the amounts
 2 paid shall be 100 percent of the lesser of the
 3 actual charge for the service or the amount de-
 4 termined under the payment basis determined
 5 under section 1848 by the Secretary for such
 6 service”.

7 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
 8 ULE.—Section 1848(j)(3) (42 U.S.C. 1395w-
 9 4(j)(3)) is amended by inserting “(2)(W),” after
 10 “(2)(S),”.

11 (3) ELIMINATION OF COINSURANCE IN OUT-
 12 PATIENT HOSPITAL SETTINGS.—The third sentence
 13 of section 1866(a)(2)(A) of the Social Security Act
 14 (42 U.S.C. 1395cc(a)(2)(A)) is amended by insert-
 15 ing after “1861(s)(10)(A)” the following: “, with re-
 16 spect to care coordination and assessment services
 17 (as defined in section 1861(ww)(1)),”.

18 (d) APPLICATION OF LIMITS ON BILLING.—Section
 19 1842(b)(18)(C) of the Social Security Act (42 U.S.C.
 20 1395u(b)(18)(C)), as amended by section 105(d) of the
 21 Medicare, Medicaid, and SCHIP Benefits Improvement
 22 and Protection Act of 2000 (114 Stat. 2763A–472), as
 23 enacted into law by section 1(a)(6) of Public Law 106–
 24 554, is amended by adding at the end the following new
 25 clause:

1 “(vii) A care coordinator (as defined in section
2 1861(ww)(3)) that is not a physician.”.

3 (e) EXCEPTION TO LIMITS ON PHYSICIAN REFER-
4 RALS.—Section 1877(b) of the Social Security Act (42
5 U.S.C. 1395nn(b)) is amended—

6 (1) by redesignating paragraph (4) as para-
7 graph (5); and

8 (2) by inserting after paragraph (3) the fol-
9 lowing new paragraph:

10 “(4) PRIVATE SECTOR PURCHASING AND QUAL-
11 ITY IMPROVEMENT TOOLS FOR ORIGINAL MEDI-
12 CARE.—In the case of a designated health service, if
13 the designated health service is—

14 “(A) a care coordination and assessment
15 service (as defined in section 1861(ww)(1)); and

16 “(B) provided by a care coordinator (as
17 defined in paragraph (3) of such section).”.

18 (f) RULEMAKING.—The Secretary of Health and
19 Human Services shall define such terms and establish
20 such procedures as the Secretary determines necessary to
21 implement the provisions of this section.

22 (g) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to care coordination and assess-
24 ment services furnished on or after January 1, 2002.

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